I-4 Chronic Environmental Deficiency Rating Form for Initial Site Assessment

1. BACKGROUND INFORMATION

Area Maintenance and Environmental staff will work with the Chronic Environmental Deficiency (CED) program staff to submit CED candidate sites. Complete this form to provide site information, impact descriptions, site/response history, initial ratings and recommendations.

State Route (SR)	State Route (SR) MP begin		ıd	GPS data (Lat/Long/Elevation)	
Contact (Regional En	vironmental N	Maintenance	Coordina	ntor):	
Name of water bodies	involved:				
Source (check all that apply):		☐ Stream	☐ Wetla	and Drainage	
		☐ Snow	☐ Estua	arine Marine	
Transportation Structure:		□ SR	□Bridge	e □Facility	
Closure (must be documented):		□ yes	no no		
If yes, enter length of	closure:				
Digital photographs taken:		□ yes	□no		
Adjacent Land Use:		urban	□rural		
-	-	•		e based on information provided te (WDFW):	
Average Daily Traffic					
Recurrence interval for damage:				(# times/year)	
Documented recurrence	/: (# times/year)				

2. ENVIRONMENTAL IMAPCT TYPE